

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-07363
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	7. Lease Name or Unit Agreement Name N. HOBBS (G/SA) UNIT SECTION 19
2. Name of Operator Shell Western E&P Inc.	8. Well No. 331
3. Address of Operator P.O. Box 576 Houston, TX 77001-0576 (WCK 4587)	9. Pool name or Wildcat HOBBS (G/SA)
4. Well Location Unit Letter J : 2310 Feet From The SOUTH Line and 2310 Feet From The EAST Line Section 19 Township 18S Range 38E NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3661' DF	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: SET CIBP, OAP & AT <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

1. POH W/PROD EQMT.
2. SET CIBP @ 4075'.
3. SPOT 1 BBL 15% NEFE HCL FROM 4070' TO 4030'.
4. PERF SA 4062-70' (2 SPF).
5. AT PERFS 4062-70' W/1000 GAL 15% NEFE HCL.
6. SWB TST FOR 1/2 DAY.
7. FOLLOWING TEST RESULTS, EITHER PROD EQMT WILL BE INSTALLED OR AN INTENT TO TA WELL WILL BE FILED.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE W. F. N. Kelldorf TITLE TECH. MANAGER - ENVIR. ENG. DATE 7/07/92
TYPE OR PRINT NAME W. F. N. KELLDORF TELEPHONE NO. 713/870-3426

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

JUL 13 '92

RECEIVED
JUL 10 1992
JCD HOBBS OFF

RECEIVED
JUL 10 1992
JCD HOBBS OFF